

Voluntary Industry Reporting Form for 6(a)(2) Adverse Effects Incident Information

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 1 of 3

Row 1 Administrative Data	Reporter name: <b>Simone Seifert-Higgins</b>	Submission date: September 1, 2016	Contact person (if different than reporter) <b>Ginny Clark</b>	Internal ID <b>1-45036057</b>
	Address: <b>Monsanto Company Mail Stop C3NA 800 N Lindbergh Blvd. St. Louis, MO 63167</b>		Address: <b>The Scotts Miracle-Gro Company 14310 Scottslawn Rd Marysville, OH 43041</b> - 008	
	Phone #: <b>(314) 694-1538</b>		Phone #: <b>(937) 645-2525</b>	
	Incident Status:  <i>New</i>	Location and date of incident <i>Salt Lake City Utah 07/26/2016</i>	Date registrant became aware of incident: <i>July 2016</i>	Was incident part of larger study? Y__N <u>X</u> U__
Row 2 Pesticide(s) Involved	EPA Registration # (Product 1)  <i>71955-7-73327</i>	EPA Registration # (Product 2)	EPA Registration # (Product 3)	
	A.I. (s)  <i>Glyphosate</i>	A.I. (s)	A.I. (s)	
	Product 1 Name  <i>HDX Weed &amp; Grass Killer Concentrate 1</i>	Product 2 Name	Product 3 Name	
	Exposed to concentrate prior to dilution? <i>No</i>	Exposed to concentrate prior to dilution?	Exposed to concentrate prior to dilution?	
	Formulation	Formulation	Formulation	
Row 3 Incident Circumstances	Evidence label directions were not followed? <i>No</i> Intentional misuse? <i>No</i>	Incident site: (examples include home, yard, school, industrial, nursery/greenhouse, surface water, commercial turf, building/office, forest/ woods, agricultural (specify crop) right-of-way (rail, utility, highway))  <i>Own Residence</i>	Situation: (act of using product): (examples include mixing/loading, reentry, application, transportation, repair/maintenance of application equipment, manufacturing/ formulating)  <i>See Description Notes</i>	
	Applicator certified PCO? <i>Not applicable</i>			
	How exposed: (examples include direct contact with treated surface, ingestion, spill, drift, runoff)  <i>See Incident Description</i>			

*\*Personal privacy information\**

Brief description of incident circumstances:

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*7/28/2016 4:35:42 PM HDX Weed & Grass Killer Concentrate I  
UPC: 71549-05800  
EPA reg: 71995-7-73327*

*Hx: She is a physician's assistant at Urgent Care with a patient ( [REDACTED] ) who 2 nights ago tried to open the container filled with diluted product and accidentally spilled some into his mouth and nose in the process after spraying it on his lawn. He felt light-headed immediately after the spill and within 3 hours after that he developed sweating, dizziness, weakness and vomited once. He felt these symptoms throughout part of the next day as well, but did not vomit again. He feels fine today, but came into Urgent Care to have his health evaluated in light of this. He has low blood pressure in general (on blood pressure medication) and today his blood pressure is very low.*

*A: I would not expect these lasting effects past the first night from the exposure you described unless his condition was exacerbated by the brief exposure and potential irritation. If he's feeling well at this point, I do not expect the product to have any further effect on him.*

- Inhalation of this product may lead to irritation of the eyes and upper respiratory tract as well as nausea, cough, headache, difficulty breathing, and shortness of breath.*
- Adverse health effects are typically limited to the upper respiratory tract and resolve without affecting other body functions.*
- Small ingestions of this product are unlikely to result in adverse health effects other than mild GI upset.*
- Please call back with any additional questions or concerns.*

*10/16/16 10:58 AM*

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### Voluntary Industry Reporting Form for 6(a)(2) Incident Information Involving Humans

Provide all known, required information. If required data field information is unknown, designate as such in appropriate area. Page # 3 of 3

Demographic information Age: <i>49 Years</i> Sex: <i>Male</i> Occupation: (if relevant)	Exposure route: <i>Ingestion Dermal Inhalation</i>	Was adverse effect result of suicide/homicide or attempted suicide/homicide? <i>No</i>	Was protective clothing worn (specify)?  <i>Not applicable</i>
If female, pregnant? <i>Did not query</i>	Was exposure occupational? <i>No</i> If yes, days lost due to illness:	Time between exposure and onset of symptoms: <i>See Symptoms</i>	
Type of medical care sought: (examples include none, clinic, hospital emergency department, private physician, PCC, hospital inpatient). <i>HCF</i>	List signs/symptoms/adverse effects.  <i>Vomiting, 3 hrs or less;</i> <i>Sweating, 3 hrs or less;</i> <i>Dizziness, 3 hrs or less;</i> <i>Light-headed, 15 min or less;</i> <i>Muscle weakness, 3 hrs or less;</i>		If lab tests were performed, list test names and results (If available, submit reports).  <i>Not Reported</i>
Exposure data: Amount of pesticide: Exposure duration: Weight:			
Human severity category: <i>HC</i>			

This box can be used to provide any explanatory or qualifying information surrounding the incident. (add additional pages if necessary)

Internal ID #  
*1-45036057*

*30*